MDS ASSOCIATES INC.

BUSINESS ACCOUNT CREDIT APPLICATION

Please complete every applicable email field.
Email addresses are required for the primary contact, principals, AP contact, bank and trade references.

1. APPLICANT BUSINESS INFORMATION

* Required

Legal company name *

DBA / trade name

Registered company address *

City *

State *

ZIP code *

Country *

Main phone *

General company email *

Website

Business structure *

☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Date business commenced *

Federal tax ID / EIN *

Years at current address

2. PRIMARY BUSINESS CONTACT

Contact name *

Title *

Direct phone *

Email address *

3. OWNERS, OFFICERS OR PRINCIPALS

Principal 1 - full name *

Title *

Email address *

Principal 2 - full name

Title

Email address

4. CREDIT REQUEST AND BANKING INFORMATION

Credit limit requested ($) *

Estimated monthly purchases ($)

Purchasing contact email

Bank name *

Bank contact name *

Bank phone *

Bank contact email *

Account type

Bank address

5. ACCOUNTS PAYABLE AND INVOICE DELIVERY

Complete all invoice-routing fields

Accounts Payable contact name *

Title / department *

Accounts Payable phone *

Accounts Payable email *

Email address where invoices must be sent *

Email address where statements must be sent *

Billing address (if different from registered address)

Invoice portal URL / system name

Portal support or invitation email

Invoice submission method * ☐ Email ☐ AP portal ☐ Postal mail ☐ EDI ☐ Other

Purchase order required? * ☐ Yes ☐ No

Tax-exempt? ☐ Yes - attach certificate ☐ No

Special invoice instructions, required references or portal steps

6. BUSINESS / TRADE REFERENCES

Three references requested

TRADE REFERENCE 1

Company name * | **Credit contact name ***

Phone * | **Credit department email *** | **Account no.**

TRADE REFERENCE 2

Company name * | **Credit contact name ***

Phone * | **Credit department email *** | **Account no.**

TRADE REFERENCE 3

Company name * | **Credit contact name ***

Phone * | **Credit department email *** | **Account no.**

7. REQUIRED ATTACHMENTS

Please attach a current W-9 and any applicable tax-exemption certificate.

Incomplete applications or missing contact emails may delay the credit review.

8. TERMS OF AGREEMENT

1. Approved invoices are payable 30 days from the invoice date unless MDS Associates Inc. agrees otherwise in writing.
2. Claims arising from invoices must be submitted within 7 business days.
3. The applicant authorizes MDS Associates Inc. to contact and make inquiries of the banking and trade references supplied.
4. Requested Net 30 terms and credit limits are subject to review, approval, modification or withdrawal by MDS Associates Inc.
5. The applicant confirms that the AP and invoice-delivery instructions above are complete and accurate.

Applicant certification

By signing below, the applicant certifies that the information provided is accurate and accepts the terms above.

9. AUTHORIZED SIGNATURES

Signer 1 required; Signer 2 optional

Signer 1 - printed name *

Title *

Email address *

Authorized signature *

Date *

Phone *

Signer 2 - printed name

Title

Email address

Authorized signature

Date

Phone

10. MDS ASSOCIATES CREDIT DEPARTMENT USE ONLY

Credit decision ☐ Approved ☐ Declined ☐ Pending / hold

Approved credit limit ($)

Approved terms

Review date

Reviewed by

Internal notes